

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>Denied</i>		04-11-01
<b>O.I.P.E. CLASSIFIER</b>	<i>ASD</i>		5/2/01
<b>FORMALITY REVIEW</b>	<i>Sd</i>	<i>SSJ</i>	<i>5/17/01</i>
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 - ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	1-6-02	
2			5-28-03
3			10-17-03
4			5-3-04
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11	✓	=	=
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18	✓	=	=
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21	✓	=	=
22	0		
23	✓	=	=
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29	✓	=	=
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31	0		
32	✓		
33	✓		
34	✓	✓	
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If more than 150 claims or 10 actions  
staple additional sheet here

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